



Isiah Leggett
County Executive

Diane R. Schwartz Jones
Director

Universal Inspection Checklist – Fire Code Compliance

Building: _____

Address: _____

POC Name: _____ POC Phone: _____

POC Email: _____ Inspector: _____

Date: _____ Date of Last Inspection: _____

Outstanding Violations: ☐ Yes ☐ No License # (if applicable): _____

Exterior

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| 1. Address numbers visible and at least 6" in height? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 2. Does the building have a Knox Box? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 3. Are the keys correct? 2 sets, Color Coded? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 4. Is it a high-rise, windowless, or underground? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |

FH Building Tab

- | | |
|---|---|
| 1. Number of stories above: _____ | Below: _____ |
| 2. Property ownership: | <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> other |
| 3. Structure type: | <input type="checkbox"/> Open <input type="checkbox"/> Enclosed <input type="checkbox"/> other |
| 4. Building status | <input type="checkbox"/> Occup <input type="checkbox"/> Vacant <input type="checkbox"/> U/C |
| 5. Building Class (Occupancy type): _____ | |
| 6. Mixed use: _____ | |
| 7. Construction Type: _____ | |
| 8. Roof Covering: _____ | |

General

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| 1. Does the building have operational permits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 2. Is there a fire protection agreement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 3. Is there a valid U/O? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 4. Were alterations/renovations made since last inspection? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |

Fire Rated Assemblies ☐ n/a

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| 1. All rated assemblies have been inspected within the last 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 2. All fire rated doors have been inspected within the past 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 3. All fire rated doors are self-closing and latching? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |

Vertical Protection ☐ n/a

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| 1. Are vertical openings enclosed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 2. Are trash/linen chutes in good working order? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |

Fire Protection Systems ☐ n/a

- | | | | |
|------------------------------|------------------------------|-----------------------------|------------------------------|
| 1. Are hazards protected by: | | | |
| Fire-rated enclosures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| Extinguishing system? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| Self-closing door? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |

Water-based Systems ☐ n/a

- | | | | |
|-------------------------------------|------------------------------|-----------------------------|------------------------------|
| 1. Are there sprinklers throughout? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 2. Partial sprinklers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| Where: _____ | | | |
| 3. Is there a water flow alarm? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |

4. Are valves supervised? ☐ Yes ☐ No ☐ n/a
How? ☐ Elec ☐ Locks ☐ Seal ☐ None
5. Standpipe(s)? ☐ Wet ☐ Dry ☐ None
6. Standpipe system has been **tested** within the past 12 months? ☐ Yes ☐ No ☐ n/a
7. Standpipes have been **flow tested** within the past 5 years? ☐ Yes ☐ No ☐ n/a
8. Appropriately signed and accessible FDC(s)? ☐ Yes ☐ No ☐ n/a
9. Private hydrants have been **tested and flowed** within the past 12 months? ☐ Yes ☐ No ☐ n/a
10. NEMA 3 electrical receptacles at hose valve locations? ☐ Yes ☐ No ☐ n/a
11. Fire Pump? GPM: _____ ☐ Yes ☐ No ☐ n/a
12. Fire pump has been **tested** within the past 12 months? ☐ Yes ☐ No ☐ n/a
13. Sprinkler system has been **tested** within the past 12 months? ☐ Yes ☐ No ☐ n/a
14. Sprinkler heads >50 yrs old have been inspected, sampled, or replaced? ☐ Yes ☐ No ☐ n/a
15. Is there a cistern? Capacity: _____ ☐ Yes ☐ No ☐ n/a

Detection and Alarm ☐ n/a

1. Is there a fire detection system? ☐ Full ☐ Partial ☐ No ☐ n/a
Smoke detectors? ☐ Yes ☐ No ☐ n/a
Heat detectors? ☐ Yes ☐ No ☐ n/a
2. If partial system, where?: _____
3. Is it a manual alarm system? ☐ Yes ☐ No ☐ n/a
4. Are there audible alarms? ☐ Yes ☐ No ☐ n/a
5. Are there visual alarms? ☐ Yes ☐ No ☐ n/a
6. Is there automatic fire department notification? ☐ Yes ☐ No ☐ n/a
7. Is there a graphic annunciator / Building Layout? ☐ Yes ☐ No ☐ n/a
8. Are there hard wired smoke alarms in the units? ☐ Yes ☐ No ☐ n/a
9. Are carbon monoxide alarms present? ☐ Yes ☐ No ☐ n/a
10. Does the alarm have pre-recorded voice capability? ☐ Yes ☐ No ☐ n/a
11. Is there a special egress strategy? (phased, special locks) ☐ Yes ☐ No ☐ n/a
12. Fire alarm system has been **tested** within last 12 months? ☐ Yes ☐ No ☐ n/a

Smoke Control Systems ☐ n/a

1. Atrium smoke control has been **tested** within the past 12 months? ☐ Yes ☐ No ☐ n/a
2. Stair pressurization has been **tested** within the past 12 months? ☐ Yes ☐ No ☐ n/a
3. PRV's have been **tested** within the past 5 years? ☐ Yes ☐ No ☐ n/a
4. Type of PRV's: ☐ Factory ☐ Field Adjust
5. Fire/smoke dampers have been **tested** within the past 5 years? ☐ Yes ☐ No ☐ n/a

Kitchen Supp Systems ☐ n/a

1. Is kitchen cooking protected? ☐ Yes ☐ No ☐ n/a
2. Hood and duct have been **inspected/cleaned** within the last 3 months? ☐ Yes ☐ No ☐ n/a
3. Suppression system has been **inspected** within the last 6 months? ☐ Yes ☐ No ☐ n/a
4. Fusible links have been **replaced** within the last 6 months? ☐ Yes ☐ No ☐ n/a

Emergency Power ☐ n/a

1. Is there an emergency generator? Size: _____ ☐ Yes ☐ No ☐ n/a
2. Is it **tested** monthly? ☐ Yes ☐ No ☐ n/a
3. Fuel type: _____

Other Systems ☐ n/a

1. BDA has been **tested** within the last 12 months? ☐ Yes ☐ No ☐ n/a
2. Fire extinguishers are located appropriately? ☐ Yes ☐ No ☐ n/a
3. Fire extinguishers are **inspected** monthly? ☐ Yes ☐ No ☐ n/a
4. Is there a (FCC) fire command center? ☐ Yes ☐ No ☐ n/a
5. Are all contents of the FCC present and in working order? ☐ Yes ☐ No ☐ n/a

Egress

1. Is exiting appropriate? ☐ Yes ☐ No ☐ n/a
2. Are exits clear and unobstructed? ☐ Yes ☐ No ☐ n/a
3. Are exit wall/ceiling/floor décor materials appropriate? ☐ Yes ☐ No ☐ n/a

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| 4. Do doors swing in the direction of travel where required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 5. Is panic hardware appropriate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 6. Is travel through intervening rooms appropriate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 7. Is aisle width adequate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 8. Are egress stairs appropriately marked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 9. Are there interior stair signs if over 3 floors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 10. Are re-entry provisions appropriate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 11. Is there adequate emergency lighting? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |

Building Utilities

- | | | | |
|-------------------|------------------------------|-----------------------------|------------------------------|
| 1. Door signs | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 2. Utility Access | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |

Any "No" answers indicate non-compliance with the fire code. Explain all "No" answers below, and any additional areas of concern.

NOTES: